ENTRY BLANK
PLEASE TYPE OR PRINT Entered previous May Show
Ms. Artist JOSEPH B O'SICILEY  (Last Name Last)
Permanent 73 08 RT 43 / KENT Address Street City
44240 Tel.() 1 - 673-1463 Zip Area Code Temporary
Address City
Tel. ( ) Zip Area Code
Permanent address is in what county? PDRTAGE
Born in Cuyahoga County   Yes  No
Collaborator (If Any)
If May Show entries are not accepted or not sold:  Artist will pick up at Museum.  Museum should dispose of.  Museum should ship to artist C.O.D. at this address:
Special Instructions When necessary include below instructions or a drawing of how the object is to be assembled and displayed.
THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM

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☐ 1. Paintings ☐ 2. Graph ☐ 4. Sculpture ☐ 5. Electr				raphy		
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Medium or Materials						
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AUTUMN LANDSCAPE 1	n	464	T	KEY		
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1975 MAY SHOW

The Cleveland Museum of Art

Cleveland, Ohio 44106

Dates for Pick-up of Objects

Museum Service Entrance 9:30 a.m. to 4:30 p.m., Monday through Saturday

Rejected Objects April 14 through April 26

Accepted Objects

June 23 through June 28

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed

Please keep address within this box for window envelope.

Name	JOSEPH	B 0	SICKEY	
Address		STATE		
City & State	KENT,	01110	Zip 44297	

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

## ACCEPTANCE OR REJECTION NOTICE

This is your only receipt to claim your object(s). This notification will be mailed to you following judging.

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